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35690 7590 6421/2010 MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C. P.O. BOX 398 AUSTIN, TX 78767-0398					recey) transmital. Into central each and no loss of real with our decompanying pages; Each additional pages, acts a assignment of formal dawning, must have its own certificate of malling or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Potal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop [SSUE FEE] address above, or being fassimile transmitted to the USFFO (571) 273-2885, on the date indicated below.				
								(Signature)	
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE		TOR ATT		RNEY DOCKET NO.	CONFIRMATION NO.	
10/711,173 08/30/2004 TITLE OF INVENTION: GENERIC COMMUNICATI		ICATIONS PROTOCOL	Rebecca S. Taylor TIONS PROTOCOL TRANSLATOR		6057-30702		6057-30702	5172	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	07/21/2010	
EXAMINER		ART UNIT	CLASS-SUBCLAS						
JAROENCHONWANIT, BUNJOB		2447	709-230000						
"Fee Address" indi PTO/SB/47; Rev 03-0; Number is required. 3. ASSIGNEE NAME AT PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIG	ondence address (or Cha 1/122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DAT. sess an assignce is ident in 37 CFR 3.11. Comp 3NEE	nge of Correspondence " Indication form ted. Use of a Customer A TO BE PRINTED ON fifted below, no assignee pletion of this form is NO	or agents OR, after (2) the name of a registered autorney 2 registered pater listed, no name wi THE PATENT (print of data will appear on a T a substitute for filin (B) RESIDENCE: (6)	rnativ single y or a t attor ill be p or typ the pa g an a	e firm (having as a gent) and the name meys or agents. If i printed. e) ttent. If an assigne assignment. and STATE OR C	membes of up no nam be is id	er a 2	ocument has been filed for	
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